FALD - Facility Approval/Licensing Detail

This screen is used to display, modify or add the details related to a specific license for a facility.

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FACILITY APPROVAL/LICENSING DETAIL
                                                            07/08/2016
CAFSFALD
                                                                          15:55
USER ID : C81285
                   MODIFY
PROV NO : 0001057
                             PROV NAME: JESTER FOSTER HOME
                   001
LICENSE NAME
                   JESTER FOSTER HOME
                       YOUTH FOSTER HO
LICENSE TYPE
                 : YFH
                                              OOS PLACEMENT TYPE:
APPROVAL STATUS
                       REGULAR
                                             ORIENTATION COMPLETE: N
APPLICATION DATE:
                   12/15/2010
                                             FAIR HEARING STATUS:
ISSUANCE DATE
                   01/01/2011
                                         KINSHIP INT OR NIN DATE:
MAX CAPACITY(M/F):
                           5 TOTAL:
                                             FIRE SAFETY DATE
                                                                 : 12/15/2010
LICENSED FOR AGES:
                     0 -
                                             LIAB INS. EXP. DATE:
                 : 01/01/2016
                                                             PROT SERV CHECK: N
                                     CRIMINAL CHECK : N
RENEWAL DATE
EXPIRATION DATE
                 : 12/31/2016
                                     DFS33 SENT DATES: 12/15/2010
NEXT REVIEW DATE: 12/31/2016
                                     DFS33 RECEIVED: N
                                                             DFS33A RECEIVED:
                                     REF LETTERS SENT: 12/15/2010
DENIAL DATE :
      REASON:
                                     RECEIVED DATE
                                                      : 01/10/2011
                                                                    01/10/2011
TERMNTN DATE:
      REASON:
                                     NATIVE AMER PREF:
LICENSED FOR:
                           ---- APPROVALS ---
WORKER: C74145FS APPR: Y
                           SUPERVISOR: A
                                            BY: C74145S
                                                             DATE: 03/14/2016
APPROVAL REQUIRED
                     : N
                           R.A.
                                             BY:
                                                             DATE:
  SHFT+F10=RENEWAL
                                                                     PATH:
```

Field Descriptions (F12) indicates code lookup is available.

PROV NO (F12)

This field will display the provider number of the provider who was entered on the FALL (Facility Approval/Licensing List) screen.

PROV NAME

This field will display the name of the provider whose ID is entered in the PROV NO field.

LICENSEE NAME

This field will default to what the current facility name is for the provider. You can change this field to whatever you want to display/print on the license.

LICENSE TYPE (F12)

This field will display the type of license that was selected (inquire, modify or copy) on the FALL (Facility License/Approval List) screen. If F11 (add) was pressed, enter the type of license you are adding.

APPROVAL STATUS (F12)

Enter the status of the license. If this is a KIN (kinship) license, and the provider is intending or not intending to be licensed, you must select INT (intending) or NIN (not intending).

APPLICATION DATE

Enter the date the application for the license was received. This is typically the date the application was date stamped as received by the office.

ISSUANCE DATE

Enter the date the license was issued.

MAX CAPACITY (M/F)

In the first field, enter the number of males that can be placed with the facility. In the second field, enter the number of females that can be placed with the facility. In the third field, enter the total number of clients that can be placed with the facility. For example, if they are licensed for males and females, maximum of two, enter 2-2-2. If they are licensed for only males, maximum of two, enter 2-0-2.

LICENSED FOR AGES

Enter the age banding the provider has listed on their application. For example, if the provider identified they only want children up to age 5, enter 0-5. If the provider doesn't identify an age band, leave these fields blank.

RENEWAL DATE

Enter the date the license is being renewed. This is done by pressing SHIFT + F10 on a license that has already been approved. The renewal date is one day after the current expiration date.

EXPIRATION DATE

Enter the date the license will expire. Expiration date cannot be greater than one year from the issuance date, minus one day. For example, if the issuance date is 01/15/2012, the expiration date cannot be greater than 01/14/2013.

NEXT REVIEW DATE

Enter the date the license is due for review. This date should be prior to the expiration date and should be a date that will give you enough time to complete the renewal process prior to the license expiring. The system will send you an alert on the ALER (Alerts) screen on this date to remind you that the license review is due.

DENIAL DATE

Enter the date the license application was denied.

REASON (F12)

Enter the reason why the license application was denied. *There is only one option of "failed to meet requirements" for a denial.*

TERMNTN DATE

Enter the date the issued license was terminated.

REASON

Enter the reason why the issued license was terminated. You must also change the APPROVAL STATUS to TRM (terminated).

LICENSED FOR

Enter any free-form text comments about specific licensing requirements. For example, on a kinship license, if the provider is licensed for a specific child, you can enter the initials of that child – "licensed for A.B."

OOS PLACEMENT TYPE (F12)

Enter the out of state placement type, if applicable for the license type (OOS - Out Of State).

ORIENTATION COMPLETE

This field will display "Y" (yes) if the provider has KCS (Keeping Children Safe) training on the PRTL (Provider Training List) screen or "N" (no) if the provider does <u>not</u> have KCS (Keeping Children Safe) training on the PRTL (Provider Training List) screen. *This flag is only applicable for the DIRECTOR of the facility*.

FAIR HEARING STATUS

Enter the fair hearing status for the provider. This is entered if the license was suspended or terminated due to abuse or neglect allegations and the provider requested a fair hearing on the determination.

KINSHIP INT OR NIN DATE

If the LICENSE TYPE is KIN (kinship) and the APPROVAL STATUS is INT (intending) or NIN (not intending), enter the date the provider identified this on their application.

FIRE SAFETY DATE

Enter the date that fire safety requirements (per policy) were met.

LIAB INS EXP DATE

Enter the date liability insurance expires, if applicable for the license type.

CRIMINAL CHECK

This field will display "Y" (yes) if all persons associated with the facility have a date entered in the CRIMINAL CHECK REC field on the PRPD (Provider Person Detail) screen or "N" (no) if all persons associated with the facility do <u>not</u> have a date entered in the CRIMINAL CHECK REC field on the PRPD (Provider Person Detail) screen.

PROT SERV CHECK

This field will display "Y" (yes) if all persons associated with the facility have a date entered in the PROT SERV CHECK REC field on the PRPD (Provider Person Detail) screen or "N" (no) if all persons associated with the facility do <u>not</u> have a date entered in the PROT SERV CHECK REC field on the PRPD (Provider Person Detail) screen.

DFS33 SENT DATES

Enter the date(s) the DFS33 health statement forms were sent. You can enter up to two (2) dates.

DFS33 RECEIVED

This field will display "Y" (yes) if all persons associated with the facility have a date entered in the DFS33 HLTH STMT REC field on the PRPD (Provider Person Detail) screen or "N" (no) if all persons associated with the facility do <u>not</u> have a date entered in the DFS33 HLTH STMT REC field on the PRPD (Provider Person Detail) screen.

DFS33A RECEIVED

This field will display "Y" (yes) if all persons associated with the facility have a date entered in the DFS33A REC field on the PRPD (Provider Person Detail) screen or "N" (no) if all persons associated with the facility do <u>not</u> have a date entered in the DFS33A REC field on the PRPD (Provider Person Detail) screen.

REF LETTERS SENT

Enter the date(s) reference letters were sent. You can enter up to two (2) dates.

RECEIVED DATE

Enter the date(s) reference letters were received. You can enter up to four (4) dates.

NATIVE AMER PREF (F12)

Enter the tribal codes for any Native American preference for placement the provider has identified on their application.

APPROVALS

WORKER (F12)

This field will display the C number of the worker who approved the license.

APPR

Enter "Y" (yes) when you are ready to submit the license to your supervisor for approval. You cannot enter "Y" until FIRE SAFETY DATE has been entered, the provider has an address on the PADL (Provider/Facility Address List) screen, and Federal Tax ID information has been entered on the PTID (Provider Tax Identification Detail) screen.

SUPERVISOR

As the supervisor, enter "A" to approve the license or "D" to deny the license. *If you enter "D", you must enter a DENIAL DATE and REASON.*

BY

This field will display the C number of the supervisor who approved the license.

DATE

This field will display the date the supervisor approved the license.

APPROVAL REQUIRED

This field will automatically default "Y" (yes) if regional administrator approval is required for the license or "N" (no) if regional administrator approval is <u>not</u> required for the license. *All adoption licenses will require regional administrator approval*.

R.A.

As the regional administrator, enter "A" to approve the license or "D" to deny the license. *If you enter "D", you must enter a DENIAL DATE and REASON.*

BY

This field will display the C number of the regional administrator who approved the license.

DATE

This field will display the date the regional administrator approved the license.

Additional Information

To renew a license:

- 1) Path to FALL (Provider/Facility Licensing List) for the provider.
- 2) Tab to the select line of the license you wish to renew and select with a "M" (modify).
- 3) On FALD, press SHIFT + F10 to renew.
- 4) Enter the renewal date, new expiration date and new renewal date, press ENTER.

For example, the current license expired 12/31/2011. To renew, modify that license and press SHIFT + F10. The renewal date would be 01/01/2012, the expiration date would be 12/31/2012 and the new review date would be 12/01/2012 (or any date prior to the expiration date.)